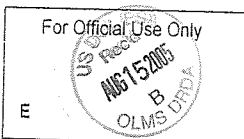


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6685	2. Fiscal Year Covered From: 10 / 26 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name PETER P STRACUZZI, JR.  P.O. Box, Bldg., Room No., if any  Street 7 FREDERIKA STREET  City BOSTON  State Massachusetts ZIP Code + 4 02124	4. Name, file number, and address of labor organization. Name BOSTON PLASTERERS' & CEMENT MASONS' LOCAL 534  Labor Organization File Number 018-761  P.O. Box, Building and Room Number, if any  Street 7 FREDERIKA STREET  City BOSTON  State Massachusetts ZIP Code + 4 02124
5. Position in labor organization. RECORDING SECRETARY - PART-TIME	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name N/A  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. N/A  7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*[Signature]*

On

08/09/05  
Date

617 825-5200  
Telephone Number

Name of Person Filing <b>PETER STRACUZZI, JR.</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>BP &amp; CM LOCAL 534 LABOR MANAGEMENT COOP FUND</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>7 FREDERIKA STREET</b></p> <p>City <b>BOSTON</b></p> <p>State <b>Massachusetts</b> ZIP Code + 4 <b>02124</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>N/A</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><b>TRUST RECEIVES CONTRIBUTIONS FROM EMPLOYERS UNDER THE COLLECTIVE BARGAINING CONTRACTS BETWEEN THE UNION AND EMPLOYERS.</b></p>
	<p>11.b. Approximate dollar value of such dealing. <b>\$557,998</b></p>
	<p>12.a. Nature of interest held or income received.</p> <p><b>SALARY - INDUSTRY ANALYST; BENEFITS - INDUSTRY ANALYST; PERSONAL PORTION FMV VEHICLE</b></p> <p><b>VARIOUS TRUSTEE APPROVED CHARITY, HOLIDAY OR LABOR MANAGEMENT EVENTS.</b></p> <p><b>SEE ATTACHED DETAIL.</b></p>
	<p>12.b. Amount. <b>\$12,795</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

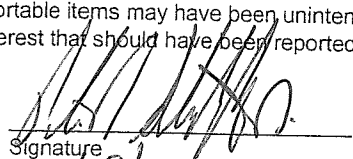
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <b>N/A</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p><b>N/A</b></p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

**Peter Stracuzzi - Attachment to LM-30 - 2004**

	Salary - Labor Management Industry Analyst	8,026	
	Benefits - Labor Management Industry Analyst	4,538	
	Personal Portion FMV Vehicle - Labor Management I	157	
Feb-2004	Xmas Dinner - LM Construction Safety	48	
Nov-2004	Reimb Exp. - Build Boston	26	
	<b>TOTAL FOR LABOR MANAGEMENT</b>	<b>12,795</b>	<b>TO PAGE 2 OF 2</b>

**DISCLAIMER**

The transactions and income received as detailed in Section 12 of the attached Form LM-30 represent my good faith effort to reconstruct reportable occurrences from January 1, 2004 to December 31, 2004. I did not maintain records of reportable occurrences during 2004, and it is possible that some reportable items may have been unintentionally omitted. If I subsequently learn of a transaction or interest that should have been reported for that time period, I will file an amended LM-30.

  
Signature

08/09/05  
Date